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Certificate of Facsimile Transmission

I hereby certify that the attached RCE Transmittal (2 pages) Amendment (9 pages), PTO Form 2038 authorizing credit card payment of \$1310.00 for the RCE filing fee (\$790.00), a one-month extension fee (\$120.00) and additional claims fee (400.00) are being transmitted to the United States Patent and Trademark Office via facsimile number (571) 273-8300 on the date shown below. (Total number of pages transmitted is 12, including this one).


Li Mei Vermilya

Date: March 1, 2006

PATENT APPLICATION
Doc. No.: 4591-330
Client Ref. No.: IE12101-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yoo-Cheol SHIN

Serial No.: 10/675,336

Examiner: Hu, Shouxiang

Filed: September 29, 2003

Group Art Unit: 2811

Confirmation No.: 5312

For: SEMICONDUCTOR DEVICE WITH RESISTOR PATTERN AND
METHOD OF FABRICATING THE SAME

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. ☐ Previously submitted:filed. ☐ Consider the amendment(s) reply under 37 C.F.R. §1.116 previouslyb. ☒ Enclosed is:☒ Amendment/Reply

2. Miscellaneous

3. **Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.)**

- ☒ RCE fee required under 37 C.F.R. § 1.17(e)
☐ \$395 small entity
☒ \$790 large entity

(Large entity)

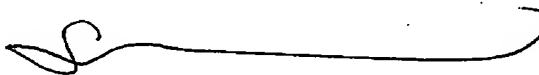
CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	24	20	4	x \$50 =	\$200
Independent Claims	5	4	1	x \$200 =	\$200
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400

- ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)
small entity large entity
☒ Extension of Time - 1st ☐ \$60 ☒ \$120
- ☐ Suspension of application fee (37 C.F.R. § 1.17(i))--\$130
- ☒ PTO Form 2038 authorizing credit card payment is attached.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Customer No. 20575

Respectfully submitted,

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